

UNITED STATES BANKRUPTCY COURT
EASTERN DISTRICT OF NEW YORK

In re:

Avon Place LLC

Case No. 25-41368-JMM
Chapter: 11

Debtor(s)

AFFIDAVIT PURSUANT TO LOCAL RULE 1009-1(a)

David Goldwasser, CRO of Avon Place LLC _____, undersigned debtor herein, swears as follows:

1. Debtor filed a petition under chapter 11 of the Bankruptcy Code on 03/21/2025.
2. Filed herewith is an amendment to Schedule F [indicate list(s), schedule(s) or statement(s) being amended] previously filed herein.
3. Annexed hereto is a listing setting forth the specific additions or corrections to, or deletions from, the affected list(s), schedule(s) or statement(s). The nature of the change (addition, deletion or correction) is indicated for each creditor or item listed.
4. *[If creditor records have been added or deleted, or mailing addresses corrected]* An amended mailing matrix is annexed hereto, reflecting only changes adding or deleting as have been referred to above.

Dated: May 2, 2025

s/David Goldwasser, CRO

(Signature of Debtor)

Sworn to before me this 2nd
day of May 2025,

Notary Public, State of New York

Reminder: No amendment of schedules is effective until proof of service in accordance with EDNY LBR 1009-1(b) has been filed with the Court.

If this amendment is filed prior to the expiration of the time period set forth in Fed. R. Bankr. P. 4004 and 4007, it will be deemed to constitute a motion for a 30-day extension of the time within which any added creditors may file a complaint to object to the discharge of the debtor and/or to determine dischargeability. This motion will be deemed granted without a hearing if no objection is filed with the Court and served on debtor within 14 days following filing of proof of service of this affidavit, all attachments and the amended schedules in accordance with EDNY LBR 1009-1.

Fill in this information to identify the case:

Debtor Avon Place LLC
 United States Bankruptcy Court for the: Eastern District of New York
 Case number (If known) 1-25-41368

Check if this is an amended filing

Official Form 206E/F**Schedule E/F: Creditors Who Have Unsecured Claims**

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

Part 1: List All Creditors with PRIORITY Unsecured Claims**1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).**

- No. Go to Part 2.
 Yes. Go to line 2.

2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part. If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.

	Total claim	Priority amount
2.1 Priority creditor's name and mailing address	As of the petition filing date, the claim is: \$ _____	
	Check all that apply.	
	<input type="checkbox"/> Contingent	
	<input type="checkbox"/> Unliquidated	
	<input type="checkbox"/> Disputed	
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number	Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (____)	<input type="checkbox"/> No <input type="checkbox"/> Yes	
2.2 Priority creditor's name and mailing address	As of the petition filing date, the claim is: \$ _____	
	Check all that apply.	
	<input type="checkbox"/> Contingent	
	<input type="checkbox"/> Unliquidated	
	<input type="checkbox"/> Disputed	
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number	Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (____)	<input type="checkbox"/> No <input type="checkbox"/> Yes	
2.3 Priority creditor's name and mailing address	As of the petition filing date, the claim is: \$ _____	
	Check all that apply.	
	<input type="checkbox"/> Contingent	
	<input type="checkbox"/> Unliquidated	
	<input type="checkbox"/> Disputed	
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number	Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (____)	<input type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor

Avon Place LLC
Name _____

Case number (if known) 1-25-41368

Part 2: List All Creditors with NONPRIORITY Unsecured Claims

- 3. List in alphabetical order all of the creditors with nonpriority unsecured claims.** If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

	Nonpriority creditor's name and mailing address	Date or dates debt was incurred	Last 4 digits of account number	As of the petition filing date, the claim is:	
				Amount of claim	Basis for the claim:
3.1	Jeffrey DeManche 15 Tanager Circle Tariffville, CT 06081	Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 3,252.90	Judgment Liens	
3.2	_____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____	_____	
3.3	_____	Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	_____	_____	
3.4	_____	Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	_____	_____	
3.5	_____	Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	_____	_____	
3.6	_____	Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	_____	_____	

Debtor

Avon Place LLC
Name _____Case number (*if known*) 1-25-41368**Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims****5. Add the amounts of priority and nonpriority unsecured claims.**5a. **Total claims from Part 1**

5a.

\$ 0.005b. **Total claims from Part 2**

5b.

+ \$ 3,252.905c. **Total of Parts 1 and 2**

5c.

\$ 3,252.90

Jeffrey DeManche
15 Tanager Circle
Tariffville, CT 06081